

# Inspection report

## Whitehills Care Home Care Home Service

Scholar's Gate  
Whitehills  
East Kilbride G75 9JL

**Inspected by:** Morag McHaffie  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 31 October 2007

**Service Number**

CS2003046475

**Service name**

Whitehills Care Home

**Service address**Scholar's Gate  
Whitehills  
East Kilbride G75 9JL**Provider Number**

SP2003002348

**Provider Name**

Thistle Healthcare Ltd

**Inspected By**Morag McHaffie  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

31 October 2007

**Period since last inspection**

5 months

**Local Office Address**

Princes Gate, 60 Castle St, Hamilton, ML3 6BU

## **Introduction**

Whitehills Care Home is a two-storey, purpose built home. The main building was registered by the Care Commission in November 2003 and a two-storey annexe, accessible via a link corridor, in 2005. The main building offers accommodation for 76 persons and the annexe can accommodate a further 30 persons. The property is privately owned by Thistle Healthcare Limited.

The service provider offers a total of 106 single rooms, with full ensuite toilet and shower facilities. Service users have access to toilets and bathing facilities, six sitting rooms, two designated smoking rooms and two as designated quiet areas, as well as a number dining rooms. The home is well decorated and furnished. Service users have access to a passenger lift to access the upper floor and ramp access to front and rear of the property.

The grounds are well kept to front and rear of the property. There is a new enclosed garden at the rear, offering a hard landscaped patio area and lawns. It was observed that garden furniture was available for service users to sit outside.

At the time of the inspection Whitehills Care Home had ten vacancies.

Whitehills Care Home is conveniently situated for public transport routes and is within walking distance of local shops and community amenities.

## **Basis of Report**

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken on requirements etc.

This service was required to have a HIGH level of support that resulted in an inspection based on the national inspection themes, the core National Care Standards for the particular service type, any other standards or regulations indicated by the RSA and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue Service for the area in which the care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue Service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

This report was written following an announced inspection carried out by Lead Officer M McHaffie and CCO's A Hughes, M Paterson and K Strachan on 31 October 2007, 09:30 – 17:00. The lead officer gave feedback to the then Manager, Depute Manager and Director of Nursing on 4 December 2007.

Before the visit:

The care home completed an electronic annual return.

The care home completed an electronic self-evaluation form.

The care home was supplied with information regarding the themed inspection.

During the visit the Care Commission Officers spoke with:

- . Interview - 3 employees, Thistle Healthcare Limited
- . Interview - 7 service users
- . Interview - 2 Relatives
- . Feedback – Manager, Depute, Director of Nursing

The Care Commission Officers also looked at a range of policies, procedures and records including the following:

- . Accident & Incident recording
- . 6 Care Plans – including palliative care
- . Staff shift rota
- . Staff training records

Time spent observing how staff members interacted with service users.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standard, Care Homes for Older People:

- . Standard 19 - Death and Dying

The following Focus Area was examined:

- . Palliative Care

Update on the action taken on requirements and recommendations following previous inspections.

A general examination of the premises was carried out as part of the inspection process.

### **Action taken on requirements in last Inspection Report**

The Care Commission did receive an action plan from the service detailing how it would meet the requirements/recommendations arising from the last inspection.

1. Hazardous products must be securely stored.

This in order to comply with:

SSI 2002/114 Regulation 4 - welfare of service users

Timescale for implementation: on publication of this report.

Not met - Observation was that domestic's trolley is left unsecured.

2. Implement the care home's own health and safety and protection of infection control policies and procedures.

This is in order to comply with:

SSI 2002/114 Regulation 10 - a requirement relating to the fitness of premises

Timescale for implementation – within two months from publication of this report

Not met - Observation that repairs to toilet “flush” buttons is required. The service provider has inappropriately re-designated a toilet as a sluice room.

3. All personal records and files must be stored appropriately and confidentiality protected at all times.

This is in order to comply with:

SSI 2002/114 Regulation 12 - a requirement relating to the facilities in care homes

Timescale for implementation - one week

Requirement completed.

4. The service provider and staff must protect the health and welfare of service users by adhering to the content of all legislation e.g., smoking.

This is to comply with:

SSI 2002/114 Regulation 10 - a requirement relating to the fitness of premises

Timescale for implementation – on publication of this report

Not met – observation that the fan was not on and the windows were open. Service Provider should ensure the fan is adequate to meet the legislation and for the needs of those persons who use the smoking facility.

5. The personal plans must be developed in an individual and holistic manner. They must give staff clear guidance on how to meet the support needs of the residents.

This is to comply with:

SSI 2002/114. Regulation 5 - a requirement relating to personal plans

Timescale for implementation - six months

Requirement completed. Service Provider indicates this is an ongoing piece of work.

6. The Organisation must adhere to their own recruitment policy and complete Disclosure Scotland checks for all staff, regardless of title, roles or responsibilities.

This is in order to comply with:

SSI 2002/114 Regulation 9 – fitness of employees.

Timescales for implementation: within 28 days of publication of this report.

Requirement completed

7. Thistle Healthcare Limited must develop training for all staff, appropriate to their roles and responsibilities, the aims and objectives of the care home and the needs of the care groups.

This is in order to comply with:

SSI 2002/114 Regulation 4(1)(a) – make proper provision for the health and welfare of service users.

SSI 2002/114 Regulation 13 (c)(i) - Staffing

Timescales for implementation: within 14 days of publication of this report.

Requirement completed

8. The numbers of staff on duty and times of that duty will be as the present registration certificates for both buildings.

This is in order to comply with:

SSI 2002/114 Regulation 13 – a requirement to make a proper provision for Staffing.

Timescale for implementation: within 24 hours of publication of this report for the Annexe.

Previous ongoing discussions between CC and the Organisation regarding an updated staffing notice conclude that an implementation of September 2007 was feasible. Continued dialogue between CC and Service Provider and new manager at Whitehills Care Home. Staffing schedule proposed implementation date is end of February 2008.

9. Management should review the dining experience for service users.

This is to comply with:

SSI 2002/114 Regulation 4 (1)( a)(b) – make proper provision for the health and welfare of service users and provide in a manner which respects their privacy and dignity

Timescale for implementation: within 1 week of publication of this report.

Requirement completed.

The Care Commission did receive an action plan from the service detailing how it would meet the requirements/recommendations made since the last inspection.

1. Implement the care homes own notices “keep door locked”

This in order to comply with:

SSI 2002/114 Regulation 4 – welfare of service users

Timescale for Implementation: within 24 hours and up to 1 month of publication of this report.

Not met - Observation was that on a number of occasions doors that should have been locked were not locked.

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

## **Comments on Self-Evaluation**

The self-evaluation was completed in full with the service provider identifying strengths and areas of development for the care service.

## **View of Service Users**

The seven service users spoken indicated both positive and negative feedback:

“Staff are very nice”

“Nice as they can be – some nicer than others”

“Staff do not always knock the door before they enter my room”

“Can wait 5 to 10 minutes when use buzzer. Sometimes staff pop in and say they will come back in a minute, can be ages”

“Staff are very busy – some days there are a lot and others its very sparse”

“Some staff, where English is not their first language, can be very difficult to understand, especially in the morning when I am a bit slower”

“Been coming for last couple of years for respite, welcome at the door excellent, nothing a bother, feel like a member of the family”

“Previously lived in community with home-help assistance but this has been a good move.”

“Food on a Sunday is repetitive – Pork or Beef – you know what you get every week”

“No salt & pepper when they bring homemade soup to my room”.

“Last residents meeting was before the Annexe was built”.

“Not enough staff in the laundry which affects the return time of clothes”

Activities – “nothing to do”

## **View of Carers**

Those relatives interviewed during the inspection were pleased to say that staff are:

“Good, built friendships with their relative, take action when issues or concerns are raised”.

“Staff have been great, people nice, information supplied to assist relatives with relocation. Completed forms which required personal details and was able to personalise their relatives room”.

## **Regulations / Principles**

**Regulation :**

**Strengths**

**Areas for Development**

### **National Care Standards**

#### **National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death**

**Strengths**

The care plans reflect that the care home staff work in collaboration with organisations and have copies of recognised guidelines with regards to palliative care. Palliative care training is in place and being rolled out to all staff.

Whitehills Care Home ensures that the individual's wishes are recorded in the personal care plans. The records reflect the individual's religious persuasion and their choice for funeral arrangements.

Thistle Healthcare Limited makes use of the recognised tool "The Liverpool Pathway" to assist staff with the palliative care of service users and support to the wider family.

On the occasion of a service users death the staff assist other service users to pay their respects.

**Areas for Development**

Although palliative care guidelines were available within the care home, the knowledge and access to these documents, by the staff interviewed, was variable.

On examination the service provider has personalised the Liverpool Pathway to reflect an inhouse version. (see recommendation 1)

The company had no policy on accessing specialist palliative care team involvement (see recommendation 2) and a lack of contact details (see recommendation 3)

### **National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations**



## **Strengths**

### **Areas for Development**

The Care Commission did receive an action plan from the service detailing how it would meet the requirements/recommendations arising from the last inspection and a number were not met and are outstanding.

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

It was observed that in the dementia unit "Pine" there was an odoriferous smell. During the inspection it was observed that the dining experience in Pine unit was poor due to the lengthy delay between seating service users and actually serving lunch. There was no evidence of specialised utensils available for service users or in use by any diner.

The bedroom doors within the two dementia units, "Pine" and "Larch", have pictures on the outside but these were not personalised pictures or "memory boxes" and it was not obvious of the pictures visual meaning.

The service provider offers pantry facilities but there is no equipment to make any hot drinks.

## **Requirements**

1. Implement the care homes own notices "keep door locked"

This in order to comply with:

SSI 2002/114 Regulation 4 – welfare of service users

Timescale for Implementation: within 24 hours and up to 1 month of publication of this report.

2. Hazardous products must be securely stored.

This in order to comply with:

SSI 2002/114 Regulation 4 - welfare of service users

Timescale for implementation: on publication of this report.

3. Implement the care home's own health and safety and protection of infection control policies and procedures.

This is in order to comply with:

SSI 2002/114 Regulation 10 - a requirement relating to the fitness of premises

Timescale for implementation – within two months from publication of this report

4. The service provider and staff must protect the health and welfare of service users by adhering to the content of all legislation e.g., smoking.

This is to comply with:

SSI 2002/114 Regulation 10 - a requirement relating to the fitness of premises

Timescale for implementation – on publication of this report

5. The numbers of staff on duty and times of that duty will be as the present registration certificates for both buildings.

This is in order to comply with:

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Previous ongoing discussions between CC and the Organisation regarding an updated staffing notice conclude that an implementation of September 2007 was feasible. Continued dialogue between CC and Service Provider and new manager at Whitehills Care Home. Staffing schedule proposed implementation date is end of February 2008.

## **Recommendations**

1. The Service Provider and Management to review present palliative care procedures. National Care Standard, Care Homes for Older People, Standard 19 – Support and Care in dying and Death
2. The Service Provider should develop a policy and procedure to guide staff on how to access advice and support from appropriate members of the primary healthcare team or specialist palliative care team within their locality. National Care Standard, Care Homes for Older People, Standard 19 – Support and Care in dying and Death
3. The Service Provider should develop a contact list that supports staff to access external agencies for specialist palliative care advice within their local area. National Care Standard, Care Homes for Older People, Standard 19 – Support and Care in dying and Death

**Morag McHaffie**  
**Care Commission Officer**